

FILED

JAN 22 2008 *aw*

1-22-2008

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

IN THE UNITED STATES DISTRICT
COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

IN RE LOUIS C. SHEPHERD,
Plaintiff

CASE# 08 CV 0116

FILING OF UNANSWERED REQUESTS
FOR MEDICAL TREATMENT/EXAM

NOW COMES, LOUIS C. SHEPHERD AND

HERewith FILES FIVE INMATE SICK CALL
SIGN-UP FORMS DATED 12/24/07 12/14/07
12/18/07 12/30/07 AND 1/6/08

Plaintiff STATES THAT TO DATE NONE OF
THE ORIGINAL FORM HAVE BEEN ANSWERED. NOR
WAS PLAINTIFF RECEIVED TREATMENT OR FOLLOWUP.

1/12/08

Respectfully submitted

L.C. Shepherd

LOUIS C. SHEPHERD
21 W. VAN BUREN ST
CHICAGO, IL 60605

MCC-CHICAGO
INMATE SICK CALL SIGN-UP FORM (Solicitud para Ser atendido por el Doctor)

INSTRUCTIONS (Check one) *Indique uno*: MEDICAL X DENTAL

1. Name (Nombre) C. Suarez Date (Fecha) 12/21/07
 2. Reg Number (Número de Registro) 90177-023 Age (Edad) 59
 3. Housing Unit (Unidad de vivienda) 13 Work Place (Lugar de Trabajo)
 4. Complaint (Queja) Problema See below
Have Biopsy on Right Breast Tumor Discovered
by mammography on Nov 13, 2007 at Denver

5. How long have you had this problem? (¿Cuanto tiempo ha tenido este problema?) 11/17/07
 6. Are you taking any medications or over the counter medications at this time? Which ones? (¿Está tomando medicinas actualmente, con o sin receta? ¿Cuáles?) yes see list

7. Are you allergic to any medications? (¿Es alérgica a algún medicamento?) yes see list

8. Are you having any pain? (¿Está sintiendo dolor?) yes If yes, rate the pain from 0-10 4
 (0= no pain, 10= worst pain ever)
 (Si es sí, califíquelo de 0 (no dolor) a 10 (el peor dolor que ha sentido))

9. Signature (Firma) [Signature]

BRING ALL YOUR PRESCRIBED & COMMISSARY MEDICATIONS TO YOUR APPOINTMENT WITH YOUR PROVIDER.

POR FAVOR TRAIGA TODAS LAS MEDICINAS RECETADAS Y DE LA COMISARÍA A SUS

CITAS CON SU PROVEEDOR DE SERVICIOS.

TO BE COMPLETED BY MEDICAL PERSONNEL

1. Date (Fecha) Vital Signs:

2. Subjective Information:

3. Objective Information:

5. Medical Staff (Signature and Date)

MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUESTS/REPORTS

Attn: Sick Call/Triage**Monday thru Friday, (except Wednesdays, weekends & holidays)**

1. Sick call will be conducted by medical staff, Monday thru Friday, (except Wednesdays, weekends & holidays) on your housing unit, starting between the hours of 6:30

2. To expedite the process please have your sick call form completely filled in prior to the sick call times. When sick call is announced on your floor present your completed sick call form to the medical staff member.

ATTACH 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE ▲

3. **DO NOT** leave your sick call form on the correctional officer's desk. **YOU** must bring your filled out sick call form to the medical staff member when they announce that sick call/triage is being conducted on your floor.

4. **DO NOT** leave your medication refill request slips on the correctional officer's desk. Bring your medication refill request slips to the medical staff during sick call/triage to ensure that your medication is refilled. Medication refills will be distributed back to you within three working days. A working day is Monday thru Friday, except holidays. If you will run out of medication on Friday or the weekend, then be sure to bring in your request slip no later than Tuesday morning sick call/triage.

ATTACH REPORTS WITHIN MARGIN

MCC-CHICAGO
INMATE HEALTH CARE SIGN-UP FORM (Solicitud para Servicios Médicos Comunitarios)

INSTRUCTIONS (Lee las instrucciones cuidadosamente): MEDICAL X DENTAL

1. Name (Nombre completo): C. Swann Date (Fecha): 12/19/2007
2. Reg Number (Número de registro): 90355-024 Age (Edad): 59
3. Housing Unit (Unidad de vivienda): 13 Work Place (Lugar de Trabajo): UNION PAC
4. Constant Health Problem (Problema de Salud/Problema - See how you feel): Back Pain
My back hurts very much. Management on 1/23/07 in Prison. Received letter follow-up in two days - received two more
city jail called to return me to cancer clinic for

5. How long have you had this problem? (¿Cuánto tiempo no tienes este problema?): 11/13/07
6. Are you taking any prescription or over the counter medications at this time? Which ones? (¿Estás tomando medicinas actualmente, con una receta? ¿Cuáles?): Yes, pain pills

7. Are you allergic to any medications? (¿Es alérgico a algún medicamento?): Yes, penicillin

8. Are you having any pain? (¿Estás sintiendo dolor?) Little If yes, rate the pain from 0-10 3
 (0= no pain, 10= worst pain ever)
 (Si es sí, califíquelo de 0 (no dolor) a 10 (el peor dolor que ha sentido))

9. Signature (Firma): [Signature]

PLEASE BRING THIS FORM TO A COMMISARY MEDICAL PROVIDER TO REVIEW WITH YOUR PROVIDER.

POR FAVOR TRAIGA TODAS LAS MEDICINAS RECETADAS Y DE LA COMISARÍA A SUS

CERCA CON SU PROVEEDOR DE SERVICIOS.

TO BE COMPLETED BY MEDICAL PERSONNEL

1. Date (Fecha): 12/19/07 Vital Signs: BP 120/80 HR 72 RR 18 SpO2 98%

2. Subjective Information: Back pain, 11/13/07, 12/19/07

3. Objective Information: Back pain, 11/13/07, 12/19/07

5. Medical Staff Signature and Date: [Signature] 12/19/07

MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUESTS/REPORTS

Attn: Sick Call/Triage**Monday thru Friday, (except Wednesdays, weekends & holidays)**

1. Sick call will be conducted by medical staff Monday thru Friday, (except Wednesdays, weekends & holidays) on your housing unit, starting between the hours of 6:30

2. To expedite the process please have your sick call form completely filled out prior to the sick call times. When sick call is announced on your floor present your completed sick call form to the medical staff member.

ATTACH 2ND REPORT WITH TOP AT THIS LINE - ▲
ATTACH 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE - ▲

3. **DO NOT** leave your sick call form on the correctional officer's desk. **YOU** must bring your filled out sick call form to the medical staff member when they announce that sick call/triage is being conducted on your floor.

4. **DO NOT** leave your medication refill request slips on the correctional officer's desk. Bring your medication refill request slips to the medical staff during sick call/triage to ensure that your medication is refilled. Medication refills will be distributed back to you within three working days. A working day is Monday thru Friday, except holidays. If you will run out of medication on Friday or the weekend, then be sure to turn in your request slip no later than Tuesday morning sick call/triage.

ATTACH REPORTS WITHIN MARGINS

MCC-CHICAGO

THE 2014-2015 BATTLE SIGN-UP FORM (Solicitation for Bids) is available at www.battle.orgINSTRUCTIONS (Check one instruction) (Indicate year) MEDICAL 84 DENTAL

Name (Number) _____ Date/Time _____

2. Reg Number (Vehicle License): 9055R-024

3. Housing Unit (Floor, etc.)	4. Work Place (Lumber Yard, etc.)	5. Date

4. Completa el siguiente cuadro (Cada problema vale 10 puntos)

REF ID: A66492 11/15/2017 AT 3:01 PM

THEY DO NOT HAVE TEAM OUTER CORP. 10-11-1966

• A MOVEMENT, HUNDREDS WERE WAITING OVER MY HEAD

FOR THE RECORD: The 1995-96 season was the 10th consecutive year that the U.S. had a net export of goods and services.

6. Are you making any adjustments over the counter medications at this time? *Yes, I take ibuprofen*

medicinas utilizadas por o sus familia? (cuales?) alguna - No - Suficiente - No - Ninguna

5-19-68 10:15 AM - THIS ENDS

7. Are you allergic to any medications? Is allergic to any medications? NO YES ALLERGIC TO PENICILLIN

Version: 1.0.0

8. Are you having any pain? (¿Está sintiendo dolor?) YES If yes, rate the pain from 0-10 6

(C-60 page 107 - 108) (C-60)

(Si es sí, califíquelos de 0 (no duele) a 10 (duele mucho) que ha sentido)

10-10-68

1. COMMISSARY GENERAL

WITH YOUR PROVIDER.

POR FAVOR TRAIGA TODAS LAS MEDICINAS RECETADAS Y DE LA COMISARÍA A SUS

(continued)

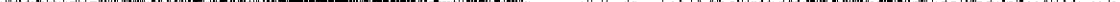
TO BE COMPLETED BY MEDICAL PERSONNEL

[illegible]

1. Date telephoned: _____ Vital Signs: _____

2. Subjective Information

100



3. Objective Information

5. Medical Staff Organization and Data:

MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUESTS/REPORTS

Attn: Sick Call/Triage**Monday thru Friday, (except Wednesdays, weekends & holidays)**

1. Sick call will be conducted by medical staff Monday thru Friday, (except Wednesdays, weekends & holidays) on your housing unit, starting between the hours of 6:30

2. To expedite the process please have your sick call form completely filled in prior to the sick call times. When sick call is announced on your floor present your completed sick call form to the medical staff member.

ATTACH 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE ▲

3. **DO NOT** leave your sick call form on the correctional officer's desk. **YOU** must bring your filled out sick call form to the medical staff member when that announce that sick call/triage is being conducted on your floor.

4. **DO NOT** leave your medication refill request slips on the correctional officer's desk. Bring your medication refill request slips to the medical staff during sick call/triage to ensure that your medication is refilled. Medication refills will be distributed back to you within three working days. A working day is Monday thru Friday, except holidays. If you will run out of medication on Friday or the weekend, then be sure to turn in your request slip no later than Tuesday morning sick call/triage.

ATTACH REPORTS WITHIN MARGIN

MCC-CHICAGO

MCC-CHICAGO CALL SIGN-UP FORM (Solicitud para Servicios Médicos y Dentales)

INSTRUCTIONS (Check one) Instrucciones (Marque uno): MEDICAL ☒ DENTAL ☐

1. Name (Nombre) C. Suarez Day (Día) 12/10/07
 2. Reg Number (Número de Registro) 9037-024 Age (Edad) 59
 3. Housing Unit (Unidad de vivienda) 12 Work Place (Lugar de Trabajo)
 4. Condition/Problem (Condición/Problema) See below
NEED TO SEE ORTHOPEDIC DOCTOR ASAP.

5. How long has the condition/problem lasted? (¿Cuánto tiempo ha estado con el problema?) 12/10/07
 6. Are you taking any medications at over the counter medications at this time? Which ones? (¿Está tomando medicinas actualmente, con o sin receta? ¿Cuáles?) See file

7. Are you allergic to any medications? (¿Es alérgico a algún medicamento?) None

8. Are you having any pain? (¿Está sintiendo dolor?) Yes If yes, rate the pain from 0-10 (0 = no pain, 10 = worst pain ever)
 (Si es si, califíquelo de 0 (no dolor) a 10 (el peor dolor que ha sentido))

9. Signature (Firma) [Signature]

BRING ALL YOUR PRESCRIPTION & COMMISSARY MEDICATIONS TO YOUR APPOINTMENT WITH YOUR PROVIDER.

POR FAVOR TRAIGA TODAS LAS MEDICINAS RECETADAS Y DE LA COMISARÍA A SUS

FORM TO BE COMPLETED BY MEDICAL PERSONNEL

1. Date triaged: Vital Signs:

2. Subjective Information:

3. Objective Information:

5. Medical Staff Initials and Date:

MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUESTS/REPORTS

Attn: Sick Call/Triage**Monday thru Friday, (except Wednesdays, weekends & holidays)**

1. Sick call will be conducted by medical staff Monday thru Friday, (except Wednesdays, weekends & holidays) on your housing unit, starting between the hours of 6:30

2. To expedite the process please have your sick call form completely filled in prior to the sick call times. When sick call is announced on your floor present your completed sick call form to the medical staff member.

ATTACH 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE ▲

3. **DO NOT** leave your sick call form on the correctional officer's desk. **YOU** must bring your filled out sick call form to the medical staff member when they announce that sick call/triage is being conducted on your floor.

4. **DO NOT** leave your medication refill request slips on the correctional officer's desk. Turn in your medication refill request slips to the medical staff during sick call/triage to ensure that your medication is refilled. Medication refills will be distributed back to you within three working days. A working day is Monday thru Friday, except holidays. If you will run out of medication on Friday or the weekend, then be sure to turn in your request slip no later than Tuesday morning sick call/triage.

RADIOLOGIC CONSULTATION
REQUESTS/REPORTS

Revised from 01/20/09
 Prepared by: BSA/BSM
 PMH/41 CHS 201-43-005

copy

MCC-CHICAGO
INMATE RICK CALL SIGN-UP FORM (Solicitud para Servicios Médicos y Dentales)

INSTRUCTIONS (Check one instruction) (Indique uno): MEDICAL DENTAL

1. Name (Nombre): STEFAN, LOUIS Date (Fecha): 11/6/07
2. Reg Number (Número de Registro): 90355-024 Age (Edad): 59
3. Housing Unit (Unidad de Alojamiento): 13 Work Place (Lugar de Trabajo): N/A
4. Complaint (Queja/Problema - See below) (See below) (Ver abajo)
11/13 @ HAVE @ BRUISE MASS - NEED TO STOP THIS PAIN
12/10/07 @ HAVE @ SHOULDER INJURY NEED TO R/O RUTAL
CURE INTRAMUSCLES

6. Are you taking any over the counter medications at this time? (¿Está tomando medicinas de venta libre, con o sin receta?) (Cúales?) SEE MEDICAL FILE

7. Are you allergic to any medications? (¿Es alérgico a algún medicamento?) YES SEE MED
FILE

8. Are you having any pain? (¿Está sintiendo dolor?) Yes If yes, rate the pain from 0-10
 (0= no pain, 10= worst pain ever)
 (Si es sí, califíquelo de 0 (no duele) a 10 (el peor dolor que ha sentido))

9. Signature (Firma): [Signature]

BRING ALL YOUR PREVIOUS COMMISSARY MEDICATIONS TO YOUR PROVIDER WITH YOUR PROVIDER.

POR FAVOR TRAIGA TODAS LAS MEDICINAS RECETADAS Y DE LA COMISARÍA A SUS CITAS CON SU PROVEEDOR DE SERVICIOS DE SALUD.

TO BE COMPLETED BY MEDICAL PERSONNEL

1. Date triage: _____ Vital Signs: _____

2. Subjective Information: _____

3. Objective Information: _____

5. Medical Staff Signature and Date: _____

MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUESTS/REPORTS

Attn: Sick Call/Triage

Monday thru Friday, (except Wednesdays, weekends & holidays)

1. Sick call will be conducted by medical staff Monday thru Friday, (except Wednesdays, weekends & holidays) on your housing unit, starting between the hours of 6:30 am and 7:30 am.

2. To expedite the process please have your sick call form completely filled in prior to the sick call times. When sick call is announced on your floor present your completed sick call form to the medical staff member.

ATTACH 1ST REPORT ALONG LEFT MARGIN WITH TAB AT THIS LINE ▲

3. **DO NOT** leave your sick call form on the correctional officer's desk. **YOU** must bring your filled out sick call form to the medical staff member when they announce that sick call/triage is being conducted on your floor.

4. **DO NOT** leave your medication refill request slips on medication refill request slips to the medical staff during sick call/triage to ensure that your medication is refilled. Medication refills will be distributed back to you within three working days. A working day is Monday thru Friday, except holidays. If you will run out of medication on Friday or the weekend, then be sure to turn in your request slip no later than Tuesday morning sick call/triage.

ATTACH REPORTS WITH TAB MARGIN